


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

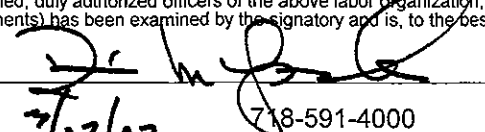
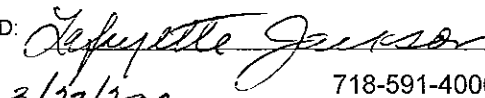
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 006 - 367	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name DENNIS Last Name MC SPEDON P.O. Box • Building and Room Number (if any) Number and Street 158 - 11 H VANARSDALE JR AVE City FLUSHING State NY ZIP Code + 4 11365 - <input type="text"/>		
4. AFFILIATION OR ORGANIZATION NAME ELECTRICAL WORKERS IBEW AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 3	
7. UNIT NAME (if any) 			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  7/27/02 Date	718-591-4000 Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3/27/2002 Date	718-591-4000 Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☒ No ☐
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 3 2 5 0
19. What is the date of your organization's next regular election of officers? MO 0 5 YEAR 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>9.60 / 29.40</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>10.00 / 300.00</u>
(c) Transfer Fees	\$ <u>None</u>
(d) Work Permits	\$ <u>None</u> per <u> </u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 006 - 357

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	2 5 1 8 5 6 9	7 6 2 2 3 4
	26. Accounts Receivable.....		2 4 9 2 4 6	3 1 4 1 1 3
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		7 7 6 1 1 2 9	1 1 3 2 8 2 7 5
	29. Investments.....	2	1 1 3 8 3 6 1 6	1 3 3 1 7 8 7 6
	30. Fixed Assets.....	5	6 1 2 4 7 2	1 6 0 9 0 1 5
	31. Other Assets.....	3	8 0 1 3 7	4 0 0 9 4
	32. TOTAL ASSETS.....		2 2 6 0 5 1 6 9	2 7 3 7 1 6 0 7
LIABILITIES	33. Accounts Payable.....	8	3 4 1 2 5 0	2 2 3 4 3 3
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	1 2 5 7 6 3 3	7 9 4 3 6 2
	37. TOTAL LIABILITIES.....		1 5 9 8 8 8 3	1 0 1 7 7 9 5
	38. NET ASSETS (Item 32 less Item 37).....		2 1 0 0 6 2 8 6	2 6 3 5 3 8 1 2

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 006 - 357

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		2 4 9 1 0 3 7	56. To Officers.....	9	2 7 7 3 8 8
40. Per Capita Tax.....		0	57. To Employees.....	10	2 4 3 9 2 5 2
41. Fees.....		2 1 8 8 1 6	58. Per Capita Tax.....		0
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		1 1 8 0 4 8 4 3	60. Office & Administrative Expense....	13	1 5 2 3 5 2 7
44. Work Permits.....		0	61. Educational & Publicity Expense...		4 2 0 4 9 7
45. Sale of Supplies.....		0	62. Professional Fees.....		5 0 1 9 5 3
46. Interest.....		1 1 8 8 3 9 3	63. Benefits.....	11	2 3 0 2 3 5 7
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	4 7 1 2 5
48. Rents.....		2 0 2 0 3 1	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	1 7 4 6 8 4 9 7	66. Direct Taxes.....		3 4 4 7 9 0
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		9 8 2 0 8 7
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	2 4 2 5 2 8 5 5
52. On Behalf of Affiliates for Transmittal to Them.....		7 6 3 5 6 8 9	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	2 5 4 8 0 3	71. To Affiliates of Funds Collected on Their Behalf.....		8 0 9 2 6 0 2
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 8 3 6 0 1 1
55. TOTAL RECEIPTS.....		4 1 2 6 4 1 0 9	74. TOTAL DISBURSEMENTS		4 3 0 2 0 4 4 4

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 006 - 357

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1 3 0 4 9 8 4 5
2. Total Book Value	1 3 3 1 7 8 7 6
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 3 3 1 7 8 7 6
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	4 0 0 9 4
7. Total of Lines 1 through 6	4 0 0 9 4
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	7 9 4 3 6 2
7. Total of Lines 1 through 6	7 9 4 3 6 2
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 006 - 357

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	0		0	0
2. Totals from additional pages (if any)	287000		287000	287000
3. Buildings (give location):	0	0	0	0
4. Totals from additional pages (if any)	555488	444715	110773	110773
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	783517	572834	210683	210683
7. Other Fixed Assets	1424688	424129	1000559	1000559
8. Totals of Lines 1 through 7	3050693	1441678	1609015	1609015
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)	17436113	17436113	17468497	17468497
6. Totals of Lines 1 through 5	17436113	17436113	17468497	17468497
	7. Less Reinvestments			0
	8. Net Sales			17468497
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 6 - 3 5 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)	2 4 2 5 2 8 5 5	2 4 2 5 2 8 5 5	2 4 2 5 2 8 5 5
6. Totals of Lines 1 through 5	2 4 2 5 2 8 5 5	2 4 2 5 2 8 5 5	2 4 2 5 2 8 5 5
	7. Less Reinvestments		0
	8. Net Purchases		2 4 2 5 2 8 5 5
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006 - 357

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. VAN ARSDALE T. BUS. MGR.	C	9 0 8 0 3	0	8 0 9 3	0	9 8 8 9 6
2. MC SPEDON D. PRESIDENT	C	8 8 1 6 5	2 3 4 0 0	1 0 8 5 2	0	1 2 2 4 1 7
3. BRUZZESE S. VICE PRESIDENT	C	0	0	1 1 5 7 0	0	1 1 5 7 0
4. MARCHELL J. FIN. SEC'Y	C	8 8 1 6 5	2 3 4 0 0	9 1 9 7	0	1 2 0 7 6 2
5. JACKSON L. TREASURER	C	1 3 0 1	0	1 2 2 4	0	2 5 2 5
6. BECHTOLD J. REC. SEC'Y	C	8 5 5 2 6	2 3 4 0 0	3 9 6 0	0	1 1 2 8 8 6
7.						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		3 5 3 9 6 0	7 0 2 0 0	4 4 8 9 6	0	4 6 9 0 5 6
The total from Line 11 is entered in Item 56				10. Less Deductions		1 9 1 6 6 8
				11. Net Disbursements		2 7 7 3 8 8

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006 - 357

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MELVILLE R. 1. ASST. BUS. N/A	8 8 1 6 6	2 3 4 0 0	1 6 5 0	0	1 1 3 2 1 6
COHEN H. 2. BUS. REP N/A	8 5 5 2 5	2 3 4 0 0	8 6 3 1	0	1 1 7 5 5 6
DAUR T. 3. BUS. REP N/A	8 5 5 2 6	2 3 4 0 0	4 5 0	0	1 0 9 3 7 6
MC SPEDON J. 4. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	4 5 0	0	1 0 9 3 7 6
NICHOLS R. 5. BUS. REP. N/A	7 8 8 3 2	2 3 4 0 0	7 3 2 8	0	1 0 9 5 6 0
6. Totals from additional pages (if any)	2 6 9 9 0 7 3	4 6 9 9 5 0	7 0 0 9 0	0	3 2 3 9 1 1 3
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3 2 5 4 7	0	0	0	3 2 5 4 7
8. Totals of Lines 1 through 7	3 1 5 5 1 9 5	5 8 6 9 5 0	8 8 5 9 9	0	3 8 3 0 7 4 4
			9. Less Deductions	1 3 9 1 4 9 2	
The total from Line 10 is entered in Item 57			10. Net Disbursements	2 4 3 9 2 5 2	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 6 - 3 5 7

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		2 3 0 2 3 5 7
6. Total of Lines 1 through 5		2 3 0 2 3 5 7
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	4 7 1 2 5
8. Total of Lines 1 through 7	4 7 1 2 5
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	1 5 2 3 5 2 7
8. Total of Lines 1 through 7	1 5 2 3 5 2 7
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	2 5 4 8 0 3
17. Total of Lines 1 through 16	2 5 4 8 0 3
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	1 8 3 6 0 1 1
17. Total of Lines 1 through 16	1 8 3 6 0 1 1
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
OLENICK R. BUS. REP. N/A	7 8 8 3 2	2 3 4 0 0	5 6 3 0	0	1 0 7 8 6 2
RYAN P. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	9 4 2	0	1 0 9 8 6 8
SCIARA L. BUS. REP. N/A	8 5 5 2 6	2 3 5 5 0	3 5 1	0	1 0 9 4 2 7
DE ALBERO C. BUS. REP. N/A	7 8 8 3 2	2 3 4 0 0	4 2 0 2	0	1 0 6 4 3 4
ERIKSON C. BUS. REP. N/A	8 8 1 6 5	2 3 4 0 0	1 2 2 5 0	0	1 2 3 8 1 5

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GORE W. D. BUS. REP. N/A	8 5 5 2 6	2 3 7 0 0	1 0 7 9	0	1 1 0 3 0 5
GRIFFITH D. BUS. REP. N/A	8 7 0 7 3	2 3 4 0 0	3 6 0 3	0	1 1 4 0 7 6
HANSEN M. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	4 6 6 5	0	1 1 3 5 9 1
INESON, JR. W. BUS. REP. N/A	8 5 5 2 5	2 3 4 0 0	0	0	1 0 8 9 2 5
KORMAN L. BUS. REP. N/A	8 5 5 2 5	2 3 4 0 0	0	0	1 0 8 9 2 5

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
LOPEZ E. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	8 2 6 3	0	1 1 7 1 8 9
MC CANN A. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	6 3 0 2	0	1 1 5 2 2 8
MC ELROEN V. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	9 3 1 2	0	1 1 8 2 3 8
MC SPEDON D. BUS. REP. N/A	8 5 5 2 6	2 3 4 0 0	0	0	1 0 8 9 2 6
ROBSON J. BUS. REP. N/A	7 8 8 3 2	2 3 5 5 0	3 3 4 6	0	1 0 5 7 2 8

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SCHWARTZ S. BUS. REP. N/A	8 5 5 2 6	2 3 5 5 0	1 5 6 5	0	1 1 0 6 4 1
SCOTLAND T. BUS. REP. N/A	7 8 8 3 2	2 3 8 5 0	4 2 0 4	0	1 0 6 8 8 6
VAN ARSDALE L. BUS. REP. N/A	8 5 5 2 6	2 3 5 5 0	3 5 6 6	0	1 1 2 6 4 2
VICARI J. BUS. REP. N/A	0	2 3 5 5 0	8 1 0	0	2 4 3 6 0
WHALEN M. BUS. REP. N/A	8 5 5 2 6	2 3 8 5 0	0	0	1 0 9 3 7 6

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
BARABASH A. OFFICE N/A	3 7 3 6 2	0	0	0	3 7 3 6 2
BRUNO M. OFFICE N/A	1 4 2 1 3	0	0	0	1 4 2 1 3
BURSCH C. OFFICE N/A	1 8 8 7 3	0	0	0	1 8 8 7 3
CAMPOS X. OFFICE N/A	2 0 7 1 8	0	0	0	2 0 7 1 8
CONDOS P. OFFICE N/A	4 8 7 3 5	0	0	0	4 8 7 3 5

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
CONKLIN E. OFFICE N/A	6 8 6 2 6	0	0	0	6 8 6 2 6
CORTES L. OFFICE N/A	1 8 8 1 1	0	0	0	1 8 8 1 1
DOMINGO L. OFFICE N/A	1 3 8 5 1	0	0	0	1 3 8 5 1
FIELDS J. OFFICE N/A	1 8 7 5 2	0	0	0	1 8 7 5 2
GITLIN I. OFFICE N/A	2 5 5 6 3	0	0	0	2 5 5 6 3

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GREENBERG M. OFFICE N/A	3 0 9 4 2	0	0	0	3 0 9 4 2
HOWELL T. OFFICE N/A	3 5 5 3 7	0	0	0	3 5 5 3 7
JENNINGS H. OFFICE N/A	2 9 0 2 8	0	0	0	2 9 0 2 8
LALL T. OFFICE N/A	1 1 5 8 2	0	0	0	1 1 5 8 2
LUNDGREN C. OFFICE N/A	1 9 4 3 1	0	0	0	1 9 4 3 1

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 0 6 - 3 5 7

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MARCANO L. OFFICE N/A	2 6 1 2 3	0	0	0	2 6 1 2 3
MOQUIN L. OFFICE N/A	1 6 4 8 5	0	0	0	1 6 4 8 5
MUSMANNO J. OFFICE N/A	2 6 1 9 9	0	0	0	2 6 1 9 9
NAPOLITANO P.. OFFICE N/A	2 2 7 1 0	0	0	0	2 2 7 1 0
NIEVES W. OFFICE N/A	1 2 4 5 8	0	0	0	1 2 4 5 8

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
PATROCINO W. OFFICE N/A	1 5 2 6 0	0	0	0	1 5 2 6 0
RIVERA D. OFFICE N/A	2 2 4 2 2	0	0	0	2 2 4 2 2
RONAN D. OFFICE N/A	1 7 9 4 2	0	0	0	1 7 9 4 2
ROSALIA M. OFFICE N/A	4 1 0 2 3	0	0	0	4 1 0 2 3
SABO E. OFFICE N/A	1 9 8 0 2	0	0	0	1 9 8 0 2

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SANFILIPPO R. OFFICE N/A	2 5 1 6 9	0	0	0	2 5 1 6 9
SCHAEFER M. OFFICE N/A	4 3 4 7 3	0	0	0	4 3 4 7 3
SCHLOSS V. OFFICE N/A	4 1 5 3 9	0	0	0	4 1 5 3 9
SUCHY M. OFFICE N/A	2 1 2 5 3	0	0	0	2 1 2 5 3
TORRES A. OFFICE N/A	3 1 2 6 0	0	0	0	3 1 2 6 0

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
WALDEN D. OFFICE N/A	2 8 9 3 5	0	0	0	2 8 9 3 5
WRYNN D. OFFICE N/A	1 3 8 2 2	0	0	0	1 3 8 2 2
CLOW C. OFFICE N/A	5 1 6 3 1	0	0	0	5 1 6 3 1
MC SPEDON C. OFFICE N/A	2 4 2 4 4	0	0	0	2 4 2 4 4
REGINA E. OFFICE N/A	2 7 8 5 5	0	0	0	2 7 8 5 5

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

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ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
RENNA M. OFFICE N/A	6 1 2 8 6	0	0	0	6 1 2 8 6
MC FOY B. BOOKKEEPER N/A	3 6 1 3 4	0	0	0	3 6 1 3 4
RIPARI B. OFFICE N/A	5 7 6 2 2	0	0	0	5 7 6 2 2

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 3 – OTHER ASSETS (continued)[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 4 – OTHER LIABILITIES (continued)[illegible]

FILE NUMBER: 006 - 357

SCHEDULE 5 – FIXED ASSETS: LAND (continued)[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 006 - 357

[illegible]

FILE NUMBER: 006 - 357

SCHEDULE 6 – SALE OF INVESTMENTS AND FIXED ASSETS (continued)[illegible]

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: **0 0 6 - 3 5 7**

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS *(continued)*

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
Short Term Investment Funds	96 282 79	96 282 79	96 282 79
US Government Agency Obligations	32 832 03	32 832 03	32 832 03
Corporate Obligations	34 128 55	34 128 55	34 128 55
State of Israel Bonds	100 000	100 000	100 000
Leasehold Improvements	900 176	900 176	900 176
Computer	68 552	68 552	68 552
Office Furniture & Fixtures	127 849	127 849	127 849
US Treasury Securities	67 319 41	67 319 41	67 319 41

ENDING DATE OF PERIOD COVERED:
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[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS (continued)[illegible]

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 0 0 6 - 3 5 7

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
Data Processing and Maint.	5 2 8 1 9
Real Estate Taxes	4 8 7 8 5
Subscriptions and Periodicals	1 9 8 0 7
Stationary & Printing	8 1 3 3
Office Supplies & Expenses	2 0 1 5 5 3
Postage & Mailing	1 8 6 6 5 4
Telephone	1 3 6 3 7 4
Insurance	3 3 7 4 9
Repairs & Maintenance	4 2 4 4 3
Utilities	5 5 8 6 3
Cleaning & Maintenance	1 4 6 2 6
Rent	7 2 2 7 2 1

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

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SCHEDULE 14 – OTHER RECEIPTS (continued)

Description (A)	Amount (B)
Reimb. of Office Supplies Exp.	2 6 1 4 0
Refund of Meeting Hall Rental	1 4 5 2
Refund of Health Premiums	2 2 0 8 9
Refund of Delegates Exp.	3 6 8 4 2
Refund of Committee Exp.	3 6 7 9
Reimb. of Legal Fees	6 9 6 5 7
Refund of Special Events Exp.	2 8 4 5
Refund of Honor Member Exp.	1 0 0
Refund of Office Supplies	7 0 1
Refund of Dues to Var. Orgs.	2 5 0
Reimb. of Telephone Exp.	3 6 8 0
Refund of Labor Day Parade Exp.	7 9 4 0
Refund of Contributions	1 6 0 0
Refund of Subs. and Periodicals	1 6 9
Reimb of Payroll	3 0 9 3 3
Transfer from Subsidiary	4 6 7 2 6

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

FILE NUMBER: **0 0 6 - 3 5 7**

SCHEDULE 15 – OTHER DISBURSEMENTS *(continued)*

Description (A)	Amount (B)
Committee Expense	1 8 6 5 9 5
Delegates Expense	1 3 6 8 8 9
Executive Board and Exam Fees	7 1 9 1
Dues to Various Organizations	3 3 7 6 1 5
Special Events	2 5 4 2 1 4
Organizing Expense	9 2 4 0 1
Election Expense	4 9 5
Labor Day Activities	1 2 4 9 4 6
Dues - Military Svc Fund	2 8 4 8 0
Other Withholding	6 0 1 0 7 3
Assessments to Affiliates	6 6 1 1 2

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

FILE NUMBER: **0 0 6 - 3 5 7**

75. ADDITIONAL INFORMATION

Item Number 10	See attachment.
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ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	See attachment

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 006 - 357

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	See attachment

**LOCAL UNION NO. 3 OF THE
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO
YEAR ENDED DECEMBER 31, 2001
FILE NUMBER 006-367**

Attachment to form LM-2

Item 75 - Additional Information

ITEM 10 - SUBSIDIARY ORGANIZATION

- Electrical Workers Local 3 Realty Corporation
200 Bloomingdale Road
White Plains, New York 10605
- Title Holding Corporation
- The information concerning this subsidiary has been consolidated into this LM-2 under method (1).

ITEM 11 - PARTICIPATION IN CREATION AND ADMINISTRATION OF TRUST

<u>Name of Trust</u>	<u>Purpose</u>
- Employees Security Fund of the Electrical Products Industries 13-6100907	Provide pension, health and welfare benefits.
- Annuity Plan of the Electrical Industry Plan No. 003 13-0891035	Provide annuity and death benefits.
- Additional Security Benefits Plan Of the Electrical Industry	Provide annuity benefits.
- Annuity Plan of the Electrical Products Industries 13-6097288	Provide annuity and death benefits.
- Educational and Cultural Trust Fund of the Electrical Industry	Provide scholarships and related cultural programs.

All of the above are located at 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365

ITEM 14 - AUDIT OF BOOKS AND RECORDS

The Local's financial statements have been audited by Thomas Havey LLP, an outside accounting firm.